

Foster Family Home - Corrective Action Report

Provider ID: 1-509284

Home Name: Edgar Dulig, CNA

Review ID: 1-509284-6

94-991 Kualua Place

Reviewer: Angelica Galindo

Waipahu

HI 96797

Begin Date: 10/16/2018

End Date: 10/16/18

Foster Family Home

Required Certificate

[17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

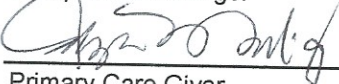
Comment:

Home visit for a 3 person CCFFH recertification review made on 10/16/18.

6.(d)(1) - Home in compliance with all requirements. Home will receive a 2 year 3 bed certification.



Compliance Manager



Primary Care Giver

10/16/18
Date

10-16-18
Date